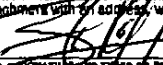


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91190 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000107701		
1. Entity Name RENAISSANCE INTEGRATED CORPORATION		
Principal Place of Business PO BOX 4038 SOUTH FLORIDA, FL 33082-4038		Mailing Address PO BOX 4038 SOUTH FLORIDA, FL 33082-4038
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 85-1067182		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CONLIFFE, BRETT C 123180 N.W. 19TH STREET PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (Signature, typed or printed name of registered agent and that I am familiar with, and accept the obligations of registered agent.)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
NAME	CONLIFFE, BRETT C	
STREET ADDRESS	P.O. BOX 4038	
CITY-ST-ZIP	SOUTH FLORIDA, FL 33082-4038	
TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or liquidator, or authorized to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.		
SIGNATURE:  BRETT C. CONLIFFE 4/15/03 (954) 468-0055 (Signature, typed or printed name of person officer or director)		